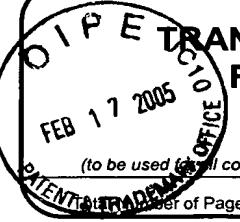


02-22-05

PTO/SB/21 (09-04)

TRANSMITTAL FORM
(to be used for all correspondence after initial filing)

 <small>PATENT AND TRADEMARK OFFICE</small>	Application Number	10/791,452	
	Filing Date	March 1, 2004	
	First Named Inventor	FURUKAWA, Hiroshi	
	Art Unit	2180	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	28	Attorney Docket Number	16869Y-108700US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Preliminary Amendment	<input checked="" type="checkbox"/> Petition to Make Special	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Six (6) cited references		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>		Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

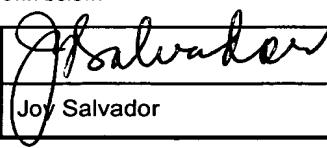
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Chun-Pok Leung		
Date	February 17, 2005	Reg. No.	41,405

CERTIFICATE OF TRANSMISSION/MAILING

Express Mail Label: EV 530891931 US

I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date February 17, 2005 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

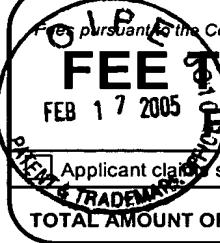


Typed or printed name

Joy Salvador

Date

February 17, 2005

 <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL for FY 2005 FEB 17 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><input type="checkbox"/> TRADEMARK TOTAL AMOUNT OF PAYMENT (\$ 130.00)</p>		<p align="center">Complete if Known</p> <table border="1"> <tr> <td>Application Number</td> <td>10/791,452</td> </tr> <tr> <td>Filing Date</td> <td>March 1, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>FURUKAWA, Hiroshi</td> </tr> <tr> <td>Examiner Name</td> <td>Unassigned</td> </tr> <tr> <td>Art Unit</td> <td>2180</td> </tr> <tr> <td>Attorney Docket No.</td> <td>16869Y-108700US</td> </tr> </table>		Application Number	10/791,452	Filing Date	March 1, 2004	First Named Inventor	FURUKAWA, Hiroshi	Examiner Name	Unassigned	Art Unit	2180	Attorney Docket No.	16869Y-108700US
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Examiner Name	Unassigned														
Art Unit	2180														
Attorney Docket No.	16869Y-108700US														

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17

Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity		Small Entity		Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent **Small Entity**
 50 25
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent **Small Entity**
 200 100
 Multiple dependent claims **Small Entity**
 360 180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 -20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 -3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	_____ x _____	= _____

4. OTHER FEE(S)

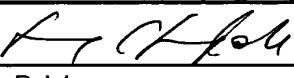
Non-English Specification, \$130 fee (no small entity discount) _____

Other: **PETITIONS TO THE COMMISSIONER** _____

Fees Paid (\$)

130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 41,405	Telephone 650-326-2400
Name (Print/Type)	Chun-Pok Leung		Date February 17, 2005